## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received
MARGO 2011

COVER PAGEM 9: 46

TOWN OF LOOMIS

Please type or print in ink			Managara Company
NAME OF FILER	UCOVICH	MIGUEL	MUNRO
1. Office, Agency, o	r Court		
Agency Name	Loomis	Council me	MBER
	nent, District, if applicable	Your Position	78
	sitions, list below or on an attachment.		*
Agency: SEE	ATT ACH MENT	Position:	
2. Jurisdiction of O	ffice (Check at least one box)		
State		☐ Judge (Statewide Jurisdiction	)
Multi-County	omis	County of	
図 City of トロC	omis	Other	
	DateOffice so	O The period covered is of leaving office.  ught, if different than Part 1:	, through the o
4. Schedule Summa Check applicable sched	~/ <del>/</del> /	► Total number of pages including this	s cover page:6
	stments - schedule attached	Schedule C - Income, Loans, & B	
	stments - schedule attached	Schedule D - Income - Gifts - sci	hedule attached
Schedule B - Real I	Property – schedule attached	Schedule E - Income - Gifts - Tra	avel Payments – schedule attache
	None - No reporta	able interests on any schedule	
Tieren and many antonio	<del>a somodulos is trao una complete. T don</del>	iomicogo triisq	
I certify under penalty o	f perjury under the laws of the State o	f California t	

## ATTACH MENTS

NAME MODUICH

Abency PLACER COUNTY TRANSPORTATION AGENCY POSITION

DIRRCTOR

PLACER COUNTY LOCAL AGENCY FORMATION COMMISSION

DIRECTOR

PLACER COUNTY AIR POLLUTION CONTROL DISTRICT

DIRECTOR

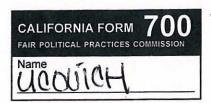
PLACER COUNTY Economic Development Commission

PIRECTOR

#### **SCHEDULE A-1** Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



NAME OF BUSINESS ENTITY  LCOVICH LAWN CARE	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LAWN CARE	
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000
NATURE OF INVESTMENT OW NER  Stock Stock (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
SUREWEST COMMUNICATION	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Tele communications	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,001 - \$100,000   \$100,001 - \$1,000,000   Over \$1,000,000	\$2,000 - \$10,000 \$100,000 \$100,000 \$100,000 \$100,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  ☐ Stock ☐ Other	NATURE OF INVESTMENT
Stock Other (Describe)  Partnership O Income Received of \$0 - \$499	Stock Other (Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	// 10// 10 ACQUIRED DISPOSED
	I Magnitude Sid Odeb
Comments:	

### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

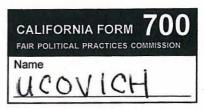
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(ACOUICH

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
ucovich lawn care	
5911 CRP16 CT hoomis	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY LAWN CARE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership	NATURE OF INVESTMENT Sole Proprietorship Partnership
YOUR BUSINESS POSITION OWNER Other	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000 OVER \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$1,000,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

## **SCHEDULE B** Interests in Real Property (Including Rental Income)



► STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
4180 Bufflo ROAD	STREET ADDRESS OR FRECISE LOCATION
Auburn CA	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$10,000 / / 10 / / 10	\$2,000 - \$10,000 / / <b>10</b> / / <b>10</b>
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	N N N N N N N N N N N N N N N N N N N
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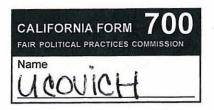
### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	NIA FORM al practices c	700
Name	MIAN	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
AUNTCYNTHIA BED & BISQUIT	UCOYICH LAWN CARE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) 5911 C. P. P. L. CT LOOMIS
3190 SWITZER Rd LOOMIS	- (1) - (2) - (3)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Das Handier	Owner
GROSS INCOME RECEIVED  \$500 - \$1,000  \$1,001 - \$10,000	GROSS INCOME RECEIVED
\$1,000 - \$1,000 \$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other OWNER (Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	OD
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
available to members of the public without regard to y	
not in a lender's regular course of business must be of	disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
Y	%
ADDRESS (Business Address Acceptable)	A STATE OF THE STA
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	_
OVER \$100,000	Other(Describe)
	(Lescribe)
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

LEAGUE of CALIFORNIA CITIES	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SACY AMENTO, (A 95814	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)  Advocacy for cities in the Rec.	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):01/01/10-12/31/10AMT: \$2,012.80	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift X Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: TRAVEL, MEALS & LODGING	DESCRIPTION:
FOR VOLUNTEER SERVICE AS MEMBER	
► NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (e)(3)
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	